

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047465

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 77 Primary Registration District No. 5303 Registrar's No. 472

FILED DEC 20 1963

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jefferson</u>		c. CITY OR TOWN <u>Jefferson City</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 block N. of U.S. 50 on Rainbow Drive</u>		d. STREET ADDRESS <u>1 block N. of U.S. 50 on Rainbow Drive</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Ben</u> Middle <u>Franklin</u> Last <u>Humbrock, Jr.</u>		4. DATE OF DEATH Month <u>December</u> Day <u>13</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-26-1901</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Mason</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Jefferson City, Mo.</u>	9. AGE (last birthday) <u>62</u>
13a. FATHER'S NAME <u>Ben Franklin Humbrock</u>		13b. MOTHER'S MAIDEN NAME <u>Sabena Schrider</u>	14. NAME OF HUSBAND OR WIFE <u>Frances Gieselman</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>Frances Gieselman, Jefferson City, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>7:30 P.M.</u> Month, Day, Year <u>1963</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Jefferson City</u>
21. I attended the deceased from <u>1952</u> to <u>present</u> and last saw her/him alive on <u>1963</u> Death occurred at <u>Jefferson City</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>12/16/63</u>	
22a. SIGNATURE (Degree or title) <u>Marshall D. Kelly M.D.</u>		22b. ADDRESS <u>Jefferson City</u>	
23b. DATE <u>12-16-1963</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Hawthorn Memorial Gardens</u>	23d. LOCATION (City, town, or county) <u>Jefferson City, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Tanner Funeral Home, Jefferson City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>16 December 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Thomas E. Richter</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED 23 1933

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Orin H. Jones

Licensed Embalmer No. 4411

P. O. Address Belle Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.